

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	2/3/01
FORMALITY REVIEW	Fha	946	02/10/
RESPONSE FORMALITY REVIEW	Zm	927	09/25/01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
"	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	1	1/25/01
2	✓	2	
3	✓	3	
4	✓	4	
5	✓	5	
6	✓	6	
7	✓	7	
8	✓	8	
9	✓	9	
10	✓	10	
11	✓	11	
12	✓	12	
13	✓	13	
14	✓	14	
15	✓	15	
16	✓	16	
17	✓	17	
18	✓	18	
19	✓	19	
20	✓	20	
21	✓	21	
22	✓	22	
23	✓	23	
24	✓	24	
25	✓	25	
26	✓	26	
27	✓	27	
28	✓	28	
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30	✓	30	
31	✓	31	
32	✓	32	
33	✓	33	
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35	✓	35	
36	✓	36	
37	✓	37	
38	✓	38	
39	✓	39	
40	✓	40	
41	✓	41	
42	✓	42	
43	✓	43	
44	✓	44	
45	✓	45	
46	✓	46	
47	✓	47	
48	✓	48	
49	✓	49	
50	✓	50	

Claim	Final	Original	Date
51	✓	51	
52	✓	52	
53	✓	53	
54	✓	54	
55	✓	55	
56	✓	56	
57	✓	57	
58	✓	58	
59	✓	59	
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61	✓	61	
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93	✓	93	
94	✓	94	
95	✓	95	
96	✓	96	
97	✓	97	
98	✓	98	
99	✓	99	
100	✓	100	

Claim	Final	Original	Date
101	✓	101	
102	✓	102	
103	✓	103	
104	✓	104	
105	✓	105	
106	✓	106	
107	✓	107	
108	✓	108	
109	✓	109	
110	✓	110	
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112	✓	112	
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116	✓	116	
117	✓	117	
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119	✓	119	
120	✓	120	
121	✓	121	
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123	✓	123	
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126	✓	126	
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140	✓	140	
141	✓	141	
142	✓	142	
143	✓	143	
144	✓	144	
145	✓	145	
146	✓	146	
147	✓	147	
148	✓	148	
149	✓	149	
150	✓	150	

If more than 150 claims or 10 actions
staple additional sheet here